

SERFF Tracking Number: FFDC-125342612 State: Arkansas
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026601
 Company Tracking Number: NARAB0407-F
 TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
 Only
 Product Name: American Business Coverage Optional Endorsements
 Project Name/Number: American Business Coverage Optional Endorsements/NWAB0407

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: American Business Coverage SERFF Tr Num: FFDC-125342612 State: Arkansas

Optional Endorsements

TOI: 05.2 Commercial Multi-Peril - Liability SERFF Status: Closed State Tr Num: AR-PC-07-026601

Portion Only

Sub-TOI: 05.2002 Businessowners

Filing Type: Form

Co Tr Num: NARAB0407-F

Co Status: Pending

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Michelle Davanzo, Gina
Bondanza

Disposition Date: 11/01/2007

Date Submitted: 10/30/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):
12/01/2007

General Information

Project Name: American Business Coverage Optional Endorsements

Project Number: NWAB0407

Status of Filing in Domicile: Pending

Domicile Status Comments: New nationwide
filing

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/01/2007

State Status Changed: 10/31/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir/Madam:

Enclosed for your review and approval are three optional endorsements that modify the American Business Coverage Policy, AB 9000, previously approved in your state.

SERFF Tracking Number: FFDC-125342612 *State:* Arkansas
First Filing Company: American Automobile Insurance Company, ... *State Tracking Number:* AR-PC-07-026601
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Sexual Misconduct Exclusion AB 9345

This new optional endorsement clarifies our American Business Coverage Policy when we intend to exclude in its entirety coverage for sexual misconduct as defined in the endorsement. There is no premium associated with this endorsement.

Sexual Misconduct Coverage AB 9346

This new optional endorsement clarifies our American Business Coverage Policy when we intend to provide coverage for sexual misconduct as defined in the endorsement. The endorsement first includes an exclusion for all sexual misconduct, then specifically grants coverage back with specific terms and conditions. There is no premium associated with this endorsement.

Salon and Day Spa Professional Liability AB 9347

This new optional endorsement enhances the professional liability coverage included in the American Business Coverage Policy by providing coverage for many of the services found in today's beauty salons and day spas. A flat charge premium charge based on number of operators at the salon or spa is associated with this endorsement; please see the actuarial memorandum for further detail.

Enclosed in support of this filing are the following items:

- Sexual Misconduct Exclusion - AB 9345 08 07
- Sexual Misconduct Exclusion - AB 9346 08 07
- Salon and Day Spa Professional Liability – AB 9347 08 07
- Explanatory Memorandum
- Actuarial Memorandum

Your approval of this filing with a proposed effective date of December 1, 2007 is appreciated.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services Senior mdavanzo@ffic.com

SERFF Tracking Number: FFDC-125342612 State: Arkansas

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TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners Only

Product Name: American Business Coverage Optional Endorsements

Project Name/Number: American Business Coverage Optional Endorsements/NWAB0407

Analyst

777 San Marin Drive (415) 899-2660 [Phone]
 Novato, CA 94998 (866) 290-0671[FAX]

Filing Company Information

| | | |
|---------------------------------------|-------------------------|-----------------------------|
| American Automobile Insurance Company | CoCode: 21849 | State of Domicile: Missouri |
| 777 San Marin Drive | Group Code: 761 | Company Type: |
| Novato, CA 94998 | Group Name: | State ID Number: |
| (415) 899-2817 ext. [Phone] | FEIN Number: 22-1608585 | |

| | | |
|----------------------------------|-------------------------|-------------------------------|
| Associated Indemnity Corporation | CoCode: 21865 | State of Domicile: California |
| 777 San Marin Drive | Group Code: 761 | Company Type: |
| Novato, CA 94998 | Group Name: | State ID Number: |
| (415) 899-2817 ext. [Phone] | FEIN Number: 22-1708002 | |

| | | |
|----------------------------------|-------------------------|-------------------------------|
| Fireman's Fund Insurance Company | CoCode: 21873 | State of Domicile: California |
| 777 San Marin Drive | Group Code: 761 | Company Type: |
| Novato, CA 94998 | Group Name: | State ID Number: |
| (415) 899-3290 ext. [Phone] | FEIN Number: 94-1610280 | |

| | | |
|-----------------------------|-------------------------|-----------------------------|
| National Surety Corporation | CoCode: 21881 | State of Domicile: Illinois |
| 777 San Marin Drive | Group Code: 761 | Company Type: |
| Novato, CA 94998 | Group Name: | State ID Number: |
| (415) 899-2817 ext. [Phone] | FEIN Number: 36-2704643 | |

| | | |
|--------------------------------|-------------------------|-----------------------------|
| The American Insurance Company | CoCode: 21857 | State of Domicile: Nebraska |
| 777 San Marin Drive | Group Code: 761 | Company Type: |
| Novato, CA 94998 | Group Name: | State ID Number: |
| (415) 899-2817 ext. [Phone] | FEIN Number: 22-0731810 | |

SERFF Tracking Number: FFDC-125342612 State: Arkansas

First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026601

Company Tracking Number: NARAB0407-F

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
Only

Product Name: American Business Coverage Optional Endorsements

Project Name/Number: American Business Coverage Optional Endorsements/NWAB0407

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|---------|----------------|---------------|
| American Automobile Insurance Company | \$50.00 | 10/30/2007 | 16392672 |
| The American Insurance Company | \$0.00 | 10/30/2007 | |
| Associated Indemnity Corporation | \$0.00 | 10/30/2007 | |
| Fireman's Fund Insurance Company | \$0.00 | 10/30/2007 | |
| National Surety Corporation | \$0.00 | 10/30/2007 | |

| | | | |
|--------------------------|---|------------------------|------------------------|
| SERFF Tracking Number: | FFDC-125342612 | State: | Arkansas |
| First Filing Company: | American Automobile Insurance Company, ... | State Tracking Number: | AR-PC-07-026601 |
| Company Tracking Number: | NARAB0407-F | | |
| TOI: | 05.2 Commercial Multi-Peril - Liability Portion | Sub-TOI: | 05.2002 Businessowners |
| | Only | | |
| Product Name: | American Business Coverage Optional Endorsements | | |
| Project Name/Number: | American Business Coverage Optional Endorsements/NWAB0407 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 11/01/2007 | 11/01/2007 |

SERFF Tracking Number: FFDC-125342612 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026601
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Only
Product Name: American Business Coverage Optional Endorsements
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Disposition

Disposition Date: 11/01/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Form Transmittal | Approved | Yes |
| Form | Sexual Misconduct Exclusion | Approved | Yes |
| Form | Sexual Misconduct Coverage | Approved | Yes |
| Form | Salon and Day Spa Professional Liability | Approved | Yes |

SERFF Tracking Number: FFDC-125342612 State: Arkansas

First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026601

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Project Name/Number: American Business Coverage Optional Endorsements/NWAB0407

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|---------|--------------|---|----------------------|-------------|--|
| Approved | Sexual Misconduct Exclusion | AB 9345 | 08 07 | Endorsement New nt/Amendment/Conditions | | 0.00 | AB9345 Sexual Misconduct Exclusion.pdf |
| Approved | Sexual Misconduct Coverage | AB 9346 | 08 07 | Endorsement New nt/Amendment/Conditions | | 0.00 | AB9346 Sexual Misconduct Coverage.pdf |
| Approved | Salon and Day Spa Professional Liability | AB 9347 | 08 07 | Endorsement New nt/Amendment/Conditions | | 0.00 | AB 9347 Salon and Day Spa Professional Liability Endorsement.pdf |

Sexual Misconduct Exclusion – AB 9345 08 07

Policy Amendment(s) American Business Coverage

This endorsement modifies insurance provided under the following: American Business Coverage

- I. The following exclusion is added to Paragraph H.1., **Exclusions of Coverage C – Liability** (Section II – Liability Coverage):

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of:

- (1) any actual or alleged acts of **sexual misconduct** by anyone of any person while in the care, custody or control of any insured, or
- (2) the negligent:
 - (a) employment;
 - (b) investigation;
 - (c) supervision;
 - (d) reporting to the proper authorities, or failure to so report; or
 - (e) retentionof a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph 1. above.

We have no right or duty under **Coverage C - Liability** to defend against any claim or **suit** arising out of any acts of **sexual misconduct**.

- II. **Section III – Property, Liability and Medical Payments Definitions** is amended to include the following:

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy.

Sexual Misconduct means:

Any act or any series of related acts or behavior, or any physical contact or touching which attempts or culminates in any sexual conduct or sexual exploitation which leads to a claim(s), or **suit(s)** being brought against any insured.

For purposes of this definition, sexual conduct includes, but is not limited to, any act with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of any person.

For purposes of this definition, sexual exploitation includes, but is not limited to, the taking of, development, duplication, printing, or exchanging any film, photographs, videotapes, or slides of any person with the intent of arousing, appealing to, or gratifying the lust, passions, sexual desires or other desires of another person.

All other terms and conditions of the policy apply.



Secretary

AB 9345 08 07

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President

Sexual Misconduct Coverage – AB 9346 08 07

Policy Amendment(s) American Business Coverage

This endorsement modifies insurance provided under the following: **American Business Coverage**

Any coverage provided by this policy applicable to liability arising from sexual misconduct is provided solely by this form.

Read this endorsement very carefully to determine rights, duties and what is and is not covered.

The following exclusion is added to Paragraph H.1., **Exclusions of Coverage C – Liability** (Section II – Liability Coverage):

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of:

1. any actual or alleged acts of **sexual misconduct** by anyone of any person while in the care, custody or control of any insured, or
2. the negligent:
 - (a) employment;
 - (b) investigation;
 - (c) supervision;
 - (d) reporting to the proper authorities, or failure to so report; or
 - (e) retentionof a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph 1. above.

We have no right or duty under **Coverage C - Liability** to defend against any claim or **suit** arising out of any acts of **sexual misconduct**.

Coverage E. Sexual Misconduct Coverage is added to the AMERICAN BUSINESS COVERAGE FORM by the following:

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as **damages** arising out of **sexual misconduct** of any person while they are in your care or while they are participating in activities on your premises, due to your:
 - (1) vicarious liability for, or
 - (2) negligent employment, supervision or retention ofyour **employee** or other person or entity for whose acts you may be legally liable provided that,
 - (a) the first such act of **sexual misconduct** was committed in the **coverage territory** after the effective date of this endorsement and during the policy period;
 - (b) the **sexual misconduct** was committed without your knowledge or participation; and
 - (c) you notified the appropriate parties as soon as possible upon becoming aware of the **sexual misconduct**.

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This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary

AB 9346 08 07

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President

- b. **Damages** which arise out of a single act, or any series of related acts of **sexual misconduct** against any one person including any breach of duty allowing or contributing to such act(s) will be considered a single act. The date of the act shall be deemed to be the date of the first act of **sexual misconduct**. If the date of the act precedes the effective date of this coverage, then any liability arising from the act (or series of related acts) is not covered by this coverage form.
- c. We will have the right and duty to defend any **suit** seeking those **damages** and defend any insured until a judgment or other final adjudication by a court, jury or arbitrator identifies the person(s) responsible for the damages. However, we have no duty to defend any insured against any claim or **suit** seeking **damages** for **sexual misconduct** to which this insurance does not apply.
- d. We may at our discretion investigate any act of **sexual misconduct** and settle any claim or **suit** that may result. But:
 - (1) The amount we will pay for **damages** is limited as described in **Section II, Part J. Liability and Medical Payments Limits of Insurance**; and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in payment of **damages**, judgments or settlements under this endorsement.

2. Exclusions

- a. This insurance does not apply to:
 - (1) **Sexual misconduct** expected or intended from the standpoint of the insured.
 - (2) Any person who participates in, condones, or ratifies any act of **sexual misconduct**.
 - (3) The cost of defense of, or any cost of paying fines or penalties for any insured resulting from violations of a criminal or penal statute.

- (4) Any obligation of the insured under a workers' compensation, disability benefits or any similar law.
- (5) **Sexual misconduct** claims or **suits** for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.
- (6) **Sexual misconduct** claims or **suits** by:
 - (a) Any current, former or prospective **employee** of the insured, or any current, former or prospective **volunteer workers** arising out of and in the course of employment by the insured or performing duties related to the conduct of your business; or
 - (b) The spouse, child, parent, brother, sister of that **employee** or **volunteer worker** as a consequence of (a) above.

This exclusion applies:

- (a) Whether the insured may be liable as an employer or in any other capacity; and
- (b) To any obligation to share damages with or repay someone else who must pay damages because of **sexual misconduct**.

Section II, Part I. – Who Is An Insured of the AMERICAN BUSINESS COVERAGE FORM is amended as follows, but only with respect to Coverage E:

Paragraph 2. is deleted in its entirety.

Paragraph 4. d. is added as follows:

- d. Coverage E does not apply to any claim or **suit** based on or arising out of any actual or alleged acts of **sexual misconduct** if the first such act of **sexual misconduct** was committed before you acquired or formed the organization.

Section II, Part J. Liability and Medical Payments Limits of Insurance, Paragraph 4. Aggregate Limits is deleted in its entirety and replaced by the following:

4. Aggregate Limits

The most we will pay for injury or damage including medical expenses, arising from all **occurrences** during the policy period is twice the Liability and Medical Payments limit, including **damages** paid under **Coverage E. Sexual Misconduct Coverage**. This limitation does not apply to **property damage** to premises rented to you arising out of Covered Causes of Loss (see Tenant's Legal Liability).

Section II, Part J. Liability and Medical Payments Limits of Insurance of the AMERICAN BUSINESS COVERAGE FORM is amended to add the following limits for **Coverage E. Sexual Misconduct Coverage**:

5. Subject to Paragraph 4., the most we will pay under **Coverage E. Sexual Misconduct Coverage**, for **damages** arising out of **sexual misconduct** is \$100,000 for all acts of **sexual misconduct**. Each payment we make for **damages** will reduce the limit of insurance under Coverage E. When our payments equal this limit of insurance under Coverage E., we will have no further duty to defend, nor have an obligation to pay **damages** for a claim or **suit** seeking damages under this coverage part.

The policy period for this policy of insurance may be comprised of more than one consecutive annual period. However, whether or not this policy of insurance applies to more than one consecutive annual policy periods, the most we will pay for all **damages** arising out of all acts of **sexual misconduct** during one annual policy period is the aggregate limit of insurance available under that one annual policy period. This provision applies even if the **damages** arising from acts of **sexual misconduct** during one annual period continues into subsequent annual periods.

Section III – Property, Liability and Medical Payments Definitions, of the AMERICAN BUSINESS COVERAGE FORM is amended to include the following:

Sexual Misconduct means:

Any act or any series of related acts or behavior, or any physical contact or touching which attempts or culminates in any sexual conduct or sexual exploitation which leads to a claim(s), or **suit(s)** being brought against any insured.

For purposes of this definition, sexual conduct includes, but is not limited to, any act with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of any person.

For purposes of this definition, sexual exploitation includes, but is not limited to, the taking of, development, duplication, printing, or exchanging any film, photographs, videotapes, or slides of any person with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of another person.

Damages means:

Compensatory monetary damages whether part of an award or settlement. Damages do not include:

- a. Costs, fees, service charges, commissions, profit, overhead, or remuneration for your professional services;
- b. Civil or criminal fines or penalties;
- c. Punitive or exemplary damages and awards;
- d. Taxes;
- e. Claimant's attorney's fees except attorney's fees awarded for the successful prosecution of a claim for damages otherwise covered by this policy;
- f. Any liability or costs, incurred by the insured arising out of a request, order, judgment, or settlement agreement involving non-monetary relief; or
- g. Any damages deemed uninsurable under applicable law.

All other terms and conditions of the policy apply.

Salon and Day Spa Professional Liability – AB 9347 08 07

Policy Amendment(s) American Business Coverage

This endorsement modifies insurance provided under the following: American Business Coverage

Read this endorsement very carefully to determine rights, duties and what is and is not covered.

We agree with you as follows:

Section II – Liability Coverage, H. Exclusions is modified as follows:

Exclusion j. is deleted in its entirety and is replaced by the following:

j. **Bodily injury, property damage, personal injury or advertising injury** due to or arising out of the rendering or failure to render any of the following listed services, treatments, advice or instructions for the purpose of appearance or skin enhancement, hair removal or replacement, or personal hygiene or grooming or therapy:

- (1) Body piercing other than ear piercing;
- (2) Tattooing or permanent makeup;
- (3) Ear candling or coning;
- (4) Hair dying with coal tar dyes;
- (5) Dying of eyelashes or eyebrows with dyes not approved by the Food and Drug Administration for that application;
- (6) Sales of any products you manufacture or which are sold under your brand or label;
- (7) Hair removal by X-ray, laser, photocoagulation or any other non-electrolysis ionizing technique;

(8) Any chemical peel or exfoliation technique using solely or in any combination:

- a. Trichloroacetic acid (TCA) preparations with concentration over 20%;
- b. Carbolic acid (phenol);
- c. Alpha hydroxy acid preparations with concentration over 30% with a pH value lower than pH 3.0;
- d. Jessner's solution preparations with concentration over 14%; or
- e. Any chemical preparations using ingredients intended solely for medical use

whether administered independently or in conjunction with another facial treatment otherwise covered by this policy;

(9) Skin treatments performed by means of laser or intense pulse light;

(10) Ultraviolet light sun tanning treatments;

(11) Any invasive or sub dermal treatment, including:

- a. Removal of moles, tattoos, warts or other growths;
- b. Plastic surgery;

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This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

AB 9347 08 07

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- c. Sclerotherapy or other procedures to minimize the appearance of veins; or
 - d. Injections of any kind;
- (12) Nutritional counseling or weight reduction treatments;
- (13) Medical, psychiatric, psychological chiropractic, surgical, dental, x-ray or nursing services; or
- (14) Any services performed by you without a license to do so, if the law requires such a license for the service performed.

All other terms and conditions of the policy apply.

| | | | |
|---------------------------------|--|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i> | <i>FFDC-125342612</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>American Automobile Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026601</i> |
| <i>Company Tracking Number:</i> | <i>NARAB0407-F</i> | | |
| <i>TOI:</i> | <i>05.2 Commercial Multi-Peril - Liability Portion</i> | <i>Sub-TOI:</i> | <i>05.2002 Businessowners</i> |
| | <i>Only</i> | | |
| <i>Product Name:</i> | <i>American Business Coverage Optional Endorsements</i> | | |
| <i>Project Name/Number:</i> | <i>American Business Coverage Optional Endorsements/NWAB0407</i> | | |

Rate Information

Rate data does NOT apply to filing.

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First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026601
Company Tracking Number: NARAB0407-F
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Product Name: American Business Coverage Optional Endorsements
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Supporting Document Schedules

| | Review Status: | |
|--|----------------|------------|
| Satisfied -Name: Uniform Transmittal Document-Property & Casualty | Approved | 11/01/2007 |

Comments:

Attachment:

NAIC Transmittal Form.pdf

| | Review Status: | |
|---|----------------|------------|
| Satisfied -Name: NAIC Form Transmittal | Approved | 11/01/2007 |

Comments:

Attachment:

Form Filing Schedule.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

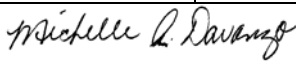
h. Subject Codes

| | |
|------------------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Fireman's Fund Insurance Companies | 0761 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|---------------------------------------|-----------------|---------------|---------------|
| Fireman's Fund Insurance Company | California | 21873 | 94-1610280 |
| The American Insurance Company | Nebraska | 21857 | 22-0731810 |
| National Surety Corporation | Illinois | 21881 | 36-2704643 |
| Associated Indemnity Corporation | California | 21865 | 22-1708002 |
| American Automobile Insurance Company | Missouri | 21849 | 22-1608585 |
| | | | |
| | | | |

| | |
|-----------------------------------|------------------|
| 5. Company Tracking Number | NARAB0407 |
|-----------------------------------|------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | Fax # | e-mail |
|--|--|---------------------|---------------|-------------------|
| Michelle A. Davanzo 777 San Marin Drive Novato, California 94998 | Regulatory Analyst | (415)899-2660 | (866)290-0671 | mdavanzo@ffic.com |
| 7. Signature of authorized filer |  | | | |
| 8. Please print name of authorized filer | Michelle A. Davanzo | | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|---|---|
| 9. Type of Insurance (TOI) | 5.2 Commercial Multi-Peril Liability Portion only |
| 10. Sub-Type of Insurance (Sub-TOI) | 5.2002 Business Owners |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other |
| 14. Effective Date(s) Requested | New: 12-01-07 Renewal: 12-01-07 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | 10-29-07 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document---

| | | | | | |
|-----------------|--|-----------------|----------------------|----------------|---------------------------------|
| 20. | This filing transmittal is part of Company Tracking # NARAB0407 | | | | |
| 21. | Filing Description Enclosed for your review and approval are three optional endorsements that modify the American Business Coverage Policy, AB 9000, previously approved in your state. Sexual Misconduct Exclusion AB 9345 Sexual Misconduct Coverage AB 9346 Salon and Day Spa Professional Liability AB 9347 Sexual Misconduct Exclusion AB 9345 This new optional endorsement clarifies our American Business Coverage Policy when we intend to exclude in its entirety coverage for sexual misconduct as defined in the endorsement. There is no premium associated with this endorsement. Sexual Misconduct Coverage AB 9346 This new optional endorsement clarifies our American Business Coverage Policy when we intend to provide coverage for sexual misconduct as defined in the endorsement. The endorsement first includes an exclusion for all sexual misconduct, then specifically grants coverage back with specific terms and conditions. There is no premium associated with this endorsement. Salon and Day Spa Professional Liability AB 9347 This new optional endorsement enhances the professional liability coverage included in the American Business Coverage Policy by providing coverage for many of the services found in today's beauty salons and day spas. A flat charge premium charge based on number of operators at the salon or spa is associated with this endorsement. We have also enclosed an Explanatory Memorandum. | | | | |
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] <table><tr><td>Check #:</td><td><input type="text"/></td></tr><tr><td>Amount:</td><td><input type="text" value="\$"/></td></tr></table> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. ***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.) | Check #: | <input type="text"/> | Amount: | <input type="text" value="\$"/> |
| Check #: | <input type="text"/> | | | | |
| Amount: | <input type="text" value="\$"/> | | | | |

Effective January 1, 2006

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | NARAB0407 | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Sexual Misconduct Exclusion | AB 9345 08 07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Sexual Misconduct Coverage | AB 9346 08 07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | Salon and Day Spa Professional Liability | AB 9347 08 07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |